

SC Weatherization Assistance Program - Client Interview

Interview conducted by:

Name:	Job#:	Date:
Address:	City/Zip:	Phone:

General Information

How long have you lived here?	Years	Approximate age of home?	Years	
Does your home or certain rooms get too warm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where:		
Does your home or certain rooms get too cold?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where:		
Do you have any noticeable drafty areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where:		
Do you close off any rooms during heat season?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where:		
Exhaust Fans? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes what type? <input type="checkbox"/> Bath exhaust <input type="checkbox"/> Kitchen exhaust <input type="checkbox"/> Whole-house fan				
Do you have a clothes dryer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Electric <input type="checkbox"/> Gas Vented to outside? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you have a fireplace? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, working damper? <input type="checkbox"/> Yes <input type="checkbox"/> No Use fireplace often? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Heating, Air Conditioning & Domestic Hot Water

Did the primary heating system work last winter?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any repairs on heating system in last 2-3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heating system clean & tune in past 2-3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you change your filter regularly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you use separate space heaters for heating?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, fuel type <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Kerosene <input type="checkbox"/> Other	
Do you have a setback thermostat?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, high setting is: _____ F° Low setting: _____ F°	
Is your hot water heater working?	<input type="checkbox"/> Yes <input type="checkbox"/> No	# Years Old	Water Temperature _____ F°
If no programmable thermostat, do you practice manual setback at certain times? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Health & Safety Issues

Any dizziness, headaches, nausea flu-like symptoms during heating system?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Any noticeable moisture problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where:
Is there any condensation build-up in your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where:
Is there mold or mildew in your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where:
Does your crawlspace or basement get wet during certain times of the year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where?:
Has your home been certified as free from lead-based paint?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?
Has any member of your household been tested for lead exposure?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, results?

Do you have any concerns I have not addressed? _____

Auditor Pollution & Moisture (check all problem areas)

<u>Moisture</u>	<u>Mold/Mildew</u>	<u>Other Hazards</u>
<input type="checkbox"/> Dirt Floor	<input type="checkbox"/> Kitchen Vent	<input type="checkbox"/> Lead Paint
<input type="checkbox"/> Standing Water	<input type="checkbox"/> Bathroom Vent	<input type="checkbox"/> Asbestos
<input type="checkbox"/> Sump Pump	<input type="checkbox"/> Sill Rot	<input type="checkbox"/> Radon
<input type="checkbox"/> Water Standing	<input type="checkbox"/> Roof Leaks	<input type="checkbox"/> Unsafe Wiring
<input type="checkbox"/> Firewood	<input type="checkbox"/> Gutters	<input type="checkbox"/> Carbon Monoxide
<input type="checkbox"/> Clothes Drying	<input type="checkbox"/> Plumbing Leaks	<input type="checkbox"/> Unvented Combustion
<input type="checkbox"/> Dryer Not Vented	<input type="checkbox"/> Aquarium	<input type="checkbox"/> Septic Tank
<input type="checkbox"/> Unvented Heater	<input type="checkbox"/> Walls	